

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|---------------|------------------------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 49 | 11/11/00 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | U C | 6753 71475 | 1-16-01 7/18/01 7/2/01 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|---------|
| 1 | ✓ | ✓ | 6/25/01 |
| 2 | ✓ | ✓ | 6/22/01 |
| 3 | ✓ | ✓ | 6/22/01 |
| 4 | ✓ | ✓ | 6/22/01 |
| 5 | | | |
| 6 | | | |
| 7 | ✓ | ✓ | 6/22/01 |
| 8 | ✓ | ✓ | 6/22/01 |
| 9 | | | |
| 10 | N | N | N |
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| 16 | N | N | N |
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| 18 | N | N | N |
| 19 | N | N | N |
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| 34 | N | N | N |
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| 39 | N | N | N |
| 40 | N | N | N |
| 41 | N | N | N |
| 42 | ✓ | ✓ | 6/22/01 |
| 43 | ✓ | ✓ | 6/22/01 |
| 44 | N | N | N |
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| 46 | N | N | N |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)